

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

834 Transaction Set

Electronic Data Interchange File

| <i>Name</i> | <i>Size</i> | <i>Comments</i> | <i>Where to get the data</i> |
|--|-------------|---|--|
| Control Header | A 3 | ### | Fixed = "###" |
| Transaction Set Identifier Code | A 3 | 834 = Benefit Enrollment and Maintenance | Fixed = "834" |
| Insurer Identification Code | A 30 | Insurance Carrier's Federal Taxpayer's Identification Number | BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| Region Indicator | A 1 | Region Indicator | "P" If PRODUCT-LINE = "PROD" "T" If PRODUCT-LINE NOT= "PROD" |
| Job Name | A 10 | Job Name | CRT-JOB-NAME |
| Insurer Name | A 30 | Insurance Carrier Name | BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| ~ | | Segment length = 77 | ###xxxxxxxxxxx PZB206xxx INS CARRIER NAME |
| Transaction Set Header | A 2 | ST | Fixed = "ST" |
| Transaction Set Identifier Code | N 3 | 834 = Benefit Enrollment and Maintenance | Fixed = "834" |
| Transaction Set Control Number | N 4 | Increment beginning with "0001" Must be a unique number within the set of transactions. | Fixed = "0001" |
| Implementation Convention Reference | N 35 | Reference assigned to identify Implementation Convention | Fixed = "005010X218A1" |
| ~ | | Segment length = 9 | ST8340001 |
| Beginning Segment | A 3 | BGN | Fixed = "BGN" |
| Transaction Set Purpose Code | N 2 | "00" = Original transaction; used the first time the transaction is sent. "15" = Re-Submission; used if the first transaction sent has yet to be processed but contains errors, and you are sending a corrected transaction. "22" = Informational; used when the original transaction was lost or never processed, and you are passing another transaction identical to the original. | Parameter: Rerun "00" if Rerun Flag = 1 (No). "15" if Rerun Flag = 2 (Yes, changed file) "22" if Rerun Flag = 3 (Yes, duplicate file) |
| Transaction Set Identifier Code (Reference Identification) | A 30 | Assign (incrementally) this identifier for future reference to this set. | Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Identifying Code (Required) |
| Transaction Set Creation Date (Date) | N 8 | Current system date (CCYYMMDD) | System Date |
| Transaction Set Creation Time (Time) | N 6 | Current system time (HHMMSS) | System Time |

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| Time Zone Code (Time Code) | A 2 | <p>“CD” = Central Daylight Time “CS” = Central Standard Time “ED” = Eastern Daylight Time “ES” = Eastern Standard Time “MD” = Mountain Daylight Time “MS” = Mountain Standard Time “PD” = Pacific Daylight Time “PS” = Pacific Standard Time **Internal Note: Additional options available**</p> | <p>Parameter: Time Zone. (May be left blank) For SOM, only ES and ED codes are used.</p> |
| Transaction Set Identifier Code (Reference Identification) | A 30 | If Transaction Set Purpose Code = “15” or “22”, then this identifier should be used to cross-reference the original transaction set. | <p>Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Prior Identifying Code. (Required if Rerun Flag = 2 or 3, else will be left blank.)</p> |
| Action Code | N 1 | <p>“2” = Change (Update), used to identify a set of adds/changes/terms. “4” = Verify, used to identify full enrollment information to ensure synchronization of sponsor’s and payer’s systems. “RX” = Replace, Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer’s enrollment system.</p> | <p>Parameter: Transaction Purpose. “2” if Trans Purpose = 1 “4” if Trans Purpose = 2 “RX” if Trans Purpose = 3</p> |
| ~ | | Segment length = 82 | <p>BGN00ZB206xxx 2003070700000000000120030707093215ES 2 OR BGN15ZB206xxx 2003070800000000000120030508103502ESZB206xxx 200307070000000000012</p> |
| Transaction Set Policy Number | A 3 | REF | <p>Parameter: Use Master Policy Number “REF”, if Yes Else, do not include this segment.</p> |
| Reference Identification Qualifier | N 2 | “38” = Master Policy Number | <p>Parameter: Use Master Policy Number “38”, if Yes.</p> |
| Master Policy Number (Reference Identification) | A 30 | | <p>BCR-CONTRACT-NMB from BNCARRIER: where BCR-INS-CARRIER = PRM-INS-CARRIER</p> |
| ~ | | Segment length = 35 | REF38PA8382983 |
| File Effective Date | A 3 | DTP | <p>Parameter: File Effective Date “DTP”, if not spaces (zeroes) Else, leave blank. This segment is generated only for ‘Verify’ option.</p> |
| Date/Time Qualifier | N 3 | “007” = Effective | <p>Parameter: File Effective Date “007”, if parameter not = spaces (zeroes) Else, leave blank.</p> |
| Date/Time Period Format Qualifier | A 2 | “D8” = Format CCYYMMDD | <p>Parameter: File Effective Date If not spaces (zeroes), use “D8” Else, leave blank.</p> |
| Date/Time Period | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or | <p>Parameter: File Effective Date (Convert to 8-digit date format: CCYYMMDD)</p> |

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| | | Times. | |
| ~ | | Segment length = 16 | DTP007D820030101~ |
| Sponsor Name | A 2 | N1 | Fixed = "N1" |
| Entity Identifier Code | A 2 | "P5" = Plan Sponsor | Fixed = "P5" |
| Plan Sponsor Name (Name) | A 30 | Used at the sender's discretion (Company name) | PRS-NAME for the Company (PRS-COMPANY = PRM-COMPANY and PRS-PROCESS-LEVEL = spaces). |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (adopted as the HIPAA standard). | Fixed = "FI" |
| Sponsor Identifier (Identification Code) | A 30 | **Must provide a key to the table of plan sponsor's maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | PLN-SPONSOR-ID from PLAN where PLN-COMPANY = PRM-COMPANY and PLN-PLAN-TYPE = PRM-PLAN-TYPE(1).and PLAN-PLAN-CODE = PRM-PLAN-CODE(1) |
| ~ | | Segment length = 66 | N1P5Lawson Software FI93-2191827 |
| Payer | A 2 | N1 | Fixed = "N1" |
| Entity Identifier Code | A 2 | "IN" = Insurer | Fixed = "IN" |
| Insurer Name (Name) | A 30 | Used at the sender's discretion (Insurance Carrier Name) | BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier is adopted) "XV" = Health Care Financing Administration National Plan ID (required if mandated for use) | BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER |
| Insurer Identification Code (Identification Code) | A 30 | **Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | If preceding field is populated (FI or XV), then get BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| ~ | | Segment length = 66 | N1INHealthPartners FI28-374857 |
| Broker/TPA | A 2 | N1 | Parameter: Broker or TPA If not = spaces, use "N1" Else, leave blank. SOM does not use Broker/TPA. This segment will not be generated for both 'Change' and 'Verify' options. |
| Entity Identifier Code | A 2 | "BO" = Broker "TV" = Third Party Administrator | BCR-ENTITY-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER <ul style="list-style-type: none"> • If 2, then "BO" • If 3, then "TV" • If 1, spaces, or record not found, leave blank. |
| Broker/TPA Name (Name) | A 30 | Used at the sender's discretion (Insurance Carrier Name) | Parameter: Broker or TPA If not = spaces, get BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Broker or TPA. Else, leave blank. |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier | BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-BROKER or TPA <ul style="list-style-type: none"> • If 1, then "FI" |

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| | | is adopted) “XV” = Health Care Financing Administration National Plan ID (required if mandated for use) | <ul style="list-style-type: none">• If 2, then “XV”• If 3, spaces, or not found, then leave blank. ERROR: Valid Broker or TPA ID number not found. | |
| Insurer Identification Code (Identification Code) | A 30 | **Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | If preceding field is populated (FI or XV), then get BCR- CARRIER-ID, where BCR-INS-CARRIER = PRM- Broker or TPA. | |
| ~ | | Segment length = 66 | N1TVMidwest Administrators FI28-374857 | |
| TPA/Broker Account Information | A 3 | ACT | Parameter: Broker or TPA If not = spaces, use “ACT” Else, leave blank. SOM does not use Broker/TPA. This segment will not be generated for both ‘Change’ and ‘Verify’ options. | |
| TPA or Broker Account Number (Account Number) | A 30 | Account number (Contract Number from BN01) | Parameter: Broker or TPA If not = spaces, get BCR-CONTRACT-NMBR from BNCARRIER where BCR-INS-CARRIER = PRM- BROKER or TPA. If spaces or not found, leave blank. | |
| ~ | | Segment length = 33 | ACT2384297382 | |
| ***SEGMENTS THAT FOLLOW ARE BASED ON BNTRANS RECORDS FOUND IN BNTRANS, OR ON BENEFIT, PARTBEN, AND HRDEPBEN RECORDS*** -----Segments must repeat for each member (Employee, Retiree, COBRA Participant, and Dependent) found to a maximum of 10,000 members. The enrollment data for families must not be split into two transaction sets.----- | | | | |
| Member Level Detail | A 3 | INS | Fixed = “INS” | |
| Insured Indicator (Subscriber Indicator) | A 1 | “Y” = Yes; used for subscriber (employee) “N” = No; used for dependent | Tran Purpose = 1 (Update) “Y” if BNT-DEPENDENT on BNTRANS record is blank. Else, “N” | Tran Purpose = 2 (Validate) “Y” for BENEFIT and PARTBEN records “N” for HRDEPBEN records. |

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| Individual Relationship Code | N 2 | <p> “01” = Spouse “03” = Father or Mother “04” = Grandfather or Grandmother “05” = Grandson or Granddaughter “06” = Uncle or Aunt “07” = Nephew or Niece “08” = Cousin “09” = Adopted Child “10” = Foster Child “11” = Son/Daughter-in-law “12” = Brother/Sister-in-law “13” = Mother/Father-in-law “14” = Brother or Sister “15” = Ward “16” = Stepparent “17” = Stepson or Stepdaughter “18” = Self “19” = Child “23” = Sponsored Dependent “24” = Dependent of a Minor Dep “25” = Ex-Spouse “26” = Guardian “31” = Court Appointed Guardian “38” = Collateral Dependent (relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support) “53” = Life Partner “60” = Annuitant “D2” = Trustee “G8” = Other Relationship “G9” = Other Relative </p> | <p> If prior field = “Y”, then use “18”. If prior field = “N”, get EMD-REL-CODE for the dependent on the record in question. Then get PCO-HIPAA-REL-CODE from PCODES where PCO-TYPE = ‘DP’ and PCO-CODE = EMD-REL-CODE </p> | |
| Maintenance Type Code | N 3 | <p> “001” = Change “021” = Addition “024” = Cancellation or Termination “030” = Audit or Compare </p> | <p> <u>Tran Purpose = 1 (Update):</u> From BNTRANS record get BNT-TRAN-ACTION </p> <ul style="list-style-type: none"> • “001” if = C • “021” if = A • “024” if = S or D | <p> <u>Tran Purpose = 2 (Verify):</u> Fixed = “030” </p> |

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| Maintenance Reason Code | A 2 | "01" = Divorce "02" = Birth "03" = Death "04" = Retirement "05" = Adoption "06" = Strike "07" = Termination of Benefits "08" = Termination of Employment "09" = COBRA "10" = COBRA Premium Paid "11" = Surviving Spouse "14" = Voluntary Withdrawal "16" = Quit "17" = Fired "18" = Suspended "20" = Active "21" = Disability "22" = Plan Change "25" = Chg in Identifying Data Elements "26" = Declined Coverage "27" = Pre-Enrollment (used for expected newborns) "28" = Initial Enrollment "29" = Benefit Selection (for changing benefits within a plan) "31" = Legal Separation "32" = Marriage "33" = Personnel Data "37" = Leave of Absence with Benefits "38" = Leave of Absence without Benefits "39" = Layoff with Benefits "40" = Layoff without Benefits "41" = Re-enrollment "43" = Change of Location "59" = Non Payment "AA" = Dissatisfied with Off staff "AB" = Dissatisfied with Services "AC" = Inconvenient Office loc "AD" = Dissatisfied w Office Hrs "AE" = Unable to schedule appts "AF" = Dissatisfied w Ref Policy "AG" = Less Respect and Attention "AH" = Patient moved to a new loc "AI" = No reason given "AJ" = Appt Times not met "AL" = Assigned benefit selection "EC" = Member benefit selection "XN" = Notification only (used for audit transactions) "XT" = Transfer | <u>Tran Purpose = 1 (Update):</u> From BNTRANS record, get BNT-TRAN-REASON. If spaces, use "AI". If BNT-COVER-TYPE = "C" (COV-TYPE, COBRA Participant) use "09" | <u>Tran Purpose = 2 (Verify):</u> Fixed = "XN" |
| Benefit Status Code | A 1 | "A" = Active "C" = COBRA | <u>Tran Purpose = 1 (Update):</u> "C" if BNT-COVER-TYPE | <u>Tran Purpose = 2 (Verify):</u> "C" for PARTBEN records |

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| | | | on BNTRANS record is "C" Else, "A" | where Participant not = spaces, Else, "A" |
| Medicare Plan Code | A1 | "A" = Medicare Part A "B" = Medicare Part B "C" = Medicare Part A and B "D" = Medicare "E" = No Medicare | | |
| COBRA Qualifying Event Code | N 1 | "1" = Termination of Employment "2" = Reduction of work hours "3" = Medicare "4" = Death "5" = Divorce "6" = Separation "7" = Ineligible Child "8" = Bankruptcy of a Retired Employee Former Employer "9" = Layoff "10" = Leave of Absence ZZ = Mutually Defined | BNT-EVENT-CODE If spaces, or record not found, ERROR: COBRA event / not identified. (Insert PAR-OCCUR-TYPE.)} | |
| Employment Status Code | A 2 | "AO" = Active Military – Overseas "AU" = Active Military – USA "FT" = Full-time (Full-time Active) "L1" = Leave of Absence "PT" = Part-time (Part-time Active) "RT" = Retired "TE" = Terminated | From BNT-COVER-TYPE determine the Employment Status Code. If Coverage Type = "A", Employment Status Code = "FT" If Coverage Type = "R", Employment Status Code = "RT" If Coverage Type = "C", Employment Status Code = "L1" | |
| Student Status Code | A 1 | "F" = Full-time "N" = Not a student | Parameter: Student Status If Y, and this is a non-spouse Dependent get student flag from EMDEPEND: "F", if EMD-STUDENT = Y or F or P "N" if EMD-STUDENT = N Else, leave blank. | |
| Handicap Indicator | A 1 | "N" = No "Y" = Yes | Parameter: Disabled Status If Y, and this is a Dependent (BNT-DEPENDENT or HRDEPBEN record) get disabled flag from EMDEPEND. Else, leave blank. | |
| Date Time Period Format Qualifier | A 2 | "D8" = Date expressed as CCYYMMDD | Tran Purpose = 1 (Update): If BNTRANS, BNT-TRAN-REASON = 03 (Death), use "D8", else leave blank. | Tran Purpose = 2 (Verify): Leave this field and following field blank. |
| Insured Individual Death Date | N 8 | Holds the date of death of the insured or dependent (Does not replace the use of a termination date) | If BNTRANS, BNT-TRAN-REASON = 03 (Death), then from EMPLOYEE USE EMP-DEATH-DATE If spaces, ERROR: Date of death for Emp / not identified. (Insert EE Number.) | |
| Birth Sequence Number | N 4 | Required in the event you are reporting more than one family member with the same birth date. | If this is a Dependent (BNT-DEPENDENT > zeroes or HRDEPBEN record) whom has the same birthdate as another family member dependent, get EMD-SEQ-NBR. | |
| ~ | | Segment length = 32 | INSY1802128A 0FT 000000000000 OR INSN0102128A 0 FN000000000001 | |
| Subscriber Number | A 3 | REF | Fixed = "REF" | |
| Reference Identification | A 2 | "0F" = Subscriber Number | Fixed = "0F" (Zero – F) | |

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| Qualifier | | | |
| Subscriber Identifier (Reference Identification) | A 15 | Information defined for the transaction set. | <p><u>Tran Purpose = 1 (Update):</u> From BNTRANS, get BNT—MEMBER-ID value:</p> <p>If 1, get: EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output.</p> <p>If 2, then get EMP-EMPLOYEE for EE (and their dependents), PAR-PARTICIPNT for COBRA Participants and their dependents.</p> <p><u>Tran Purpose = 2 (Verify):</u> We will assume Member ID = Social Number.</p> <p>Get: EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output.</p> |
| ~ | | Segment length = 20 | REF0F384928394 |
| Member Policy Number | A 3 | REF | Fixed = “REF” |
| Reference Identification Qualifier | A 2 | “1L” = Group or Policy Number | Fixed = “1L” |
| Subscriber Identifier (Reference Identification) | A 30 | Insured Group or Policy Number | PLN-CONTRACT-NMBR |
| ~ | | Segment length = 35 | REF1L238233849498237 |
| Member Identification Number | A 3 | REF | Fixed = “REF” |
| Reference Identification Qualifier | A 2 | “DX” = Department/Agency Number “23” = Client Number | Fixed = “DX” |

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|--|------|---|---|--|
| Subscriber Identifier (Reference Identification) | A 30 | For "DX" - Consists of 6 fields separated by spaces: Process Level, Bargaining Unit, Plan Code, Coverage Option, Occurrence Type and Original FICA Number For "23" - Consists of Employee Number as alternative identifier | <p>"DX" - Process Level = EMP-PROCESS-LEVEL Bargaining Unit = EMP-UNION-CODE Plan Code = BEN-PLAN-CODE (Active Employee) or PRT-PLAN-CODE (COBRA or DC Retiree) Coverage Option = BEN-COV-OPTION (Active Employee) or PTB-COV-OPTION (COBRA and DC Retiree) Occurrence Type = PAR-OCCUR-TYPE (COBRA only) Original FICA Number = EMP-FICA-NBR from original Employee's record This segment is provided for both Subscribers and Dependents.</p> <p>"23" - For Employees use Employee Number = EMP-EMPLOYEE For Participants use Employee Number = PAR-EMPLOYEE The segment will be generated for both Verify and Update options for Subscriber only, not dependents</p> | |
| ~ | | Segment length = 35 | REFDX7501 A31 HAEX | |
| Prior Coverage Months | A 3 | REF | Parameter: Prior Months Coverage "REF" if Y Else, do not include this segment. SOM does not capture prior month's coverage. This segment will not be generated for both 'Change' and 'Verify' options. | |
| Reference Identification Qualifier | A 2 | "QQ" = Unit Number | Parameter: Prior Months Coverage If Y, then "QQ" | |
| Prior Coverage Month Count (Reference Identification) | N 2 | Identify the number of prior month's insurance coverage that may apply under the portability provisions of HIPAA; to be sent on new enrollments when available. | PEM-PRIOR-COV-MO | |
| ~ | | Segment length = 7 | REFQQ18 | |
| Member Level Dates | A 3 | DTP | Tran Purpose = 1 (Update): Fixed = "DTP" | Tran Purpose = 2 (Verify): Leave blank See comments below. |
| Date/Time Qualifier | N 3 | "303" = Maintenance Effective "356" = Eligibility Begin "357" = Eligibility End "301" = COBRA Qualifying Event "340" = COBRA Begin "341" = COBRA End | Do the following for Update files: From BNTRANS record get BNT-START-DATE For Employees, use BENSET and if a record is found with stop date 1 day less than BNTRANS BNT-EFFECT-DATE this will be treated as a "Change". For FC = C, or A with prior benefit, use "303" | |
| Date/Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Tran Purpose = 1 (Update): Fixed = "D8" | Tran Purpose = 2 (Verify): Leave blank. |
| Status Information Effective Date | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or | Tran Purpose = 1 (Update): Use BNT-EFFECT-DATE | Tran Purpose = 2 (Verify): Leave blank. |

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| | | | | |
|--|------|---|--|---|
| (Date/Time Period) | | Times. | on the BNTRANS record. (CCYYMMDD) | |
| ~ | | Segment length = 16 | DTP303D820090301 | |
| Member Level Dates | A 3 | DTP | Tran Purpose = 1 (Update): Fixed = "DTP" | Tran Purpose = 2 (Verify): Fixed = "DTP" |
| Date/Time Qualifier | N 3 | "356" = Eligibility Begin | Do the following for Update and Verify files: From EMPLOYEE record get EMP-DATE-HIRED | |
| Date/Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Tran Purpose = 1 (Update): Fixed = "D8" | Tran Purpose = 2 (Verify): "D8" |
| Status Information Effective Date (Date/Time Period) | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or Times. | Tran Purpose = 1 (Update): Use EMP-DATE-HIRED on the EPLOYEE record. (CCYYMMDD) | Tran Purpose = 2 (Verify): Use EMP-DATE-HIRED on the EPLOYEE record. (CCYYMMDD) |
| ~ | | Segment length = 16 | DTP356D820020301 | |
| Member Name | A 3 | NM1 | Fixed = "NM1" | |
| Entity Code Identifier | A 2 | "IL" = Insured or Subscriber | Fixed = "IL" | |
| Entity Type Qualifier | N 1 | "1" = Person | Fixed = "1" | |
| Subscriber Last Name (Name Last) | A 30 | Individual last name | EMP-LAST-NAME for Employees, Retirees EMD-LAST-NAME for Dependents PAR-LAST-NAME for COBRA participants | |
| Subscriber First Name (Name First) | A 15 | Individual first name | EMP-FIRST-NAME for Employees, Retirees EMD-FIRST-NAME for Dependents PAR-FIRST-NAME for COBRA participants | |
| Subscriber Middle Name (Name Middle) | A 15 | Individual middle name | EMP-MIDDLE-NAME for Employees, Retirees EMD-MIDDLE-INIT for Dependents PAR-MIDDLE-INIT for COBRA participants | |
| Subscriber Name Prefix (Name Prefix) | A 10 | Prefix to individual name | EMP-LAST-NAME-PRE for Employees, Retirees EMD-LAST-NAME-PRE for Dependents (N/A for COBRA Participants) | |
| Subscriber Name Suffix (Name Suffix) | A 4 | Suffix to individual name | EMP-NAME-SUFFIX for Employees, Retirees EMD-NAME-SUFFIX for Dependents (N/A for COBRA Participants) | |
| Identification Code Qualifier | A 2 | "34" = Social Security Number "ZZ" = Mutually defined (required if the National Individual identifier is mandated) | From BNTRANS record, get BNT-MEMBER-ID: If 1 or 2, then "34" | |
| Subscriber Identifier (Identification Code) | A 15 | SSN when available and allowed; until the HIPAA individual identifier is available. | If prior field = 34, then get EMP-FICA-NBR for EE, EMD-FICA-NUMBER for Dependents, and PAR-FICA-NBR for COBRA participants. The SSN should not contain hyphens in the output. If prior field = ZZ, then get EMP-EMPLOYEE for EE, EMD-EMPLOYEE and EMD-SEQ-NBR for Dependents, and PAR-PARTICIPNT for COBRA Participants. If prior field blank, leave blank. | |
| ~ | | Segment length = 97 | NM1IL1Smith John Paul 34123456789 | |
| Member Communications Numbers | A 3 | PER | Parameter: Emp Contact Numbers: "PER", if not = spaces. Else, do not include this segment. SOM does not have contact numbers for all members. This segment will not be generated for both 'Change' and | |

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| | | | 'Verify' options. |
| Contact Function Code | A 2 | "IP" = Insured Party | Fixed = "IP" |
| Communication Number Qualifier | A 2 | "EM" = Electronic Mail "EX" = Telephone Extension "FX" = Facsimile "HP" = Home Phone Number "TE" = Telephone "WE" = Work Phone Number | Parameter: Emp Contact Numbers: If 1 or 3, then "HP" If 2, then "WE" |
| Communication Number | A 20 | Complete communications number including country or area code when applicable. | Parameter: Emp Contact Numbers: If 1 or 3, use PEM-HM-PHONE-NBR If 2, use PEM-WK-PHONE-NBR PEM followed by WK-PHONE-EXT. |
| Communication Number Qualifier | A 2 | "EM" = Electronic Mail "EX" = Telephone Extension "FX" = Facsimile "HP" = Home Phone Number "TE" = Telephone "WE" = Work Phone Number | Parameter: Emp Contact Numbers: If 3, then "WE" Else, leave spaces. |
| Communication Number | A 21 | Complete communications number including country or area code when applicable. | Parameter: Emp Contact Numbers: If 3, then PEM-WK-PHONE-NBR followed by PEM-WK-PHONE-EXT. Else, leave spaces. |
| ~ | | Segment length = 50 | PERIPHP6517374657 WE651767400046311 |
| Member Residence Street Address | A 2 | N3 | Parameter: Resident Address "N3", if not spaces. Else, leave all fields in segment spaces. |
| Subscriber Address Line (Address Information) | A 30 | Address Line 1 | Parameter: Resident Address For EMPLOYEES/RETIRES: If 1, use EMP-ADDR1 If 2, use PEM-SUPP-ADDR1 For PARTICIPANTS: Use PAR-ADDR1 For DEPENDENTS: Use EMD-ADDR1. If spaces, follow what is used for Employee. |
| Subscriber Address Line (Address Information) | A 30 | Address Line 2 | Parameter: Resident Address For EMPLOYEES/RETIRES: If 1, use EMP-ADDR2 If 2, use PEM-SUPP-ADDR2 For PARTICIPANTS: Use PAR-ADDR2 For DEPENDENTS: Use EMD-ADDR2. If spaces, follow what is used for Employee. |
| ~ | | Segment length = 62 | N31410 E 18th Street Apt 5 |
| Member Residence City, State, Zip Code | A 2 | N4 | Parameter: Resident Address "N4", if not spaces. Else, leave all fields in segment spaces. |
| Subscriber City Name (City Name) | A 18 | City | Parameter: Resident Address For EMPLOYEES/RETIRES: If 1, use EMP-CITY If 2, use PEM-SUPP-CITY For PARTICIPANTS: Use PAR-CITY |

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| | | | |
|---|------|---|--|
| | | | For DEPENDENTS: Use EMD-CITY. If spaces, follow what is used for Employee. |
| Subscriber State Code (State or Province Code) | A 2 | Valid state or province code as defined by government authority. | Parameter: Resident Address If 1, use EMP-STATE If 2, use PEM-SUPP-STATE For DEPENDENTS: Use EMD-STATE. If spaces, follow what is used for Employee. |
| Subscriber Postal Zone or ZIP Code (Postal Code) | A 10 | Postal Code | Parameter: Resident Address If 1, use EMP-ZIP If 2, use PEM-SUPP-ZIP For DEPENDENTS: Use EMD-ZIP. If spaces, follow what is used for Employee. |
| Country Code | A 2 | Valid country code | Parameter: Resident Address Only use if value is not "US" If 1, use EMP-COUNTRY-CODE If 2, use PEM-SUPP-CNTRY-CD For DEPENDENTS: Use EMD-COUNTRY-CODE. If spaces, follow what is used for Employee. |
| ~ | | Segment length = 34 | N4Minneapolis MN55457 US |
| Member Demographics | A 3 | DMG | Fixed = "DMG" |
| Date Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Fixed = "D8" |
| Member Birth Date (Date Time Period) | N 8 | Date of Birth | Get PEM-BIRTHDATE (Employee, Retiree), EMD-BIRTHDATE (Dependent) or PAR-BIRTHDATE (COBRA). |
| Gender Code | A 1 | "F" = Female "M" = Male "U" = Unknown (should only be used when the gender cannot be obtained) | Check PEM-SEX (Employee, Retiree), EMD-SEX (Dependent), or PAR-SEX (COBRA): F = "F" M = "M" Blank = "U" |
| Marital Status Code | A 1 | "B" = Registered Domestic Partner "D" = Divorced "T" = Single "M" = Married "R" = Unreported "S" = Separated "U" = Unmarried (single, divorced, or widowed; used if previous status is unknown) "W" = Widowed "X" = Legally Separated | Parameter: Marital Status If Yes, check PEM-TRUE-MAR-STAT (Employees and Retirees ONLY): D = "D" S = "T" M = "M" S = "S" U = "U" W = "W" L = "X" O = "R" P = "B" C = "M" Note: Blank, if (BNT-DEPENDENT = spaces, or HRDEPBEN record.) or COBRA. |
| ~ | | Segment length = 15 | DMGD819650512FS |
| Member Health Information | A 3 | HLH | Parameter: Smoker Status "HLH", if Yes Else, leave blank. SOM does not capture smoker information. This segment |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| | | | will not be generated for both 'Change' and 'Verify' options. |
| Health-Related Code | A 1 | "N" = None "S" = Substance Abuse "T" = Tobacco Use "U" = Unknown "X" = Tobacco Use and Substance Abuse | Parameter: Smoker Status If Yes, Get PEM-SMOKER (Employee, Retiree), EMD-SMOKER (Dependent), or PAR-SMOKER (COBRA): use "T", If Smoker = Y use "N", If Smoker = N Else use "U" If parameter = No, leave blank. |
| ~ | | Segment length = 4 | HLHT |
| Member Mailing Address | A 3 | NM1 | Parameter: Mailing Address use "NM1" |
| Entity Identifier Code | N 2 | "31" = Postal Mailing Address | Parameter: Mailing Address Use "31" |
| Entity Type Qualifier | N 1 | "1" = Person | Parameter: Mailing Address Use "1" |
| ~ | | Segment length = 6 | NM1311 |
| Member Mail Street Address | A 2 | N3 | Parameter: Mailing Address "N3". Only send Member Mail Street Address and Member Mail City, State, Zip Code when different than Resident Mail Street Address and Resident Mail City, State, Zip Code |
| Subscriber Address Line (Address Information) | A 30 | Address Line 1 | Parameter: Mailing Address For EMPLOYEES/RETIRES: If 1, use EMP-ADDR1 If 2, use PEM-SUPP-ADDR1 For PARTICIPANTS: Use PAR-ADDR1 For DEPENDENTS: Use EMD-ADDR1. If spaces, follow what is used for Employee. |
| Subscriber Address Line (Address Information) | A 30 | Address Line 2 | Parameter: Mailing Address For EMPLOYEES/RETIRES: If 1, use EMP-ADDR2 If 2, use PEM-SUPP-ADDR2 For PARTICIPANTS: Use PAR-ADDR2 For DEPENDENTS: Use EMD-ADDR2. If spaces, follow what is used for Employee. |
| ~ | | Segment length = 62 | N3P.O. Box 1234 |
| Member Mail City, State, Zip Code | A 2 | N4 | Parameter: Mailing Address Only send Member Mail Street Address and Member Mail City, State, Zip Code when different than Resident Mail Street Address and Resident Mail City, State, Zip Code |
| Subscriber City Name (City Name) | A 18 | City | Parameter: Mailing Address For EMPLOYEES/RETIRES: If 1, use EMP-CITY If 2, use PEM-SUPP-CITY For PARTICIPANTS: Use PAR-CITY |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| | | | For DEPENDENTS: Use EMD-CITY. If spaces, follow what is used for Employee. | |
| Subscriber State Code (State or Province Code) | A 2 | Valid state or province code as defined by government authority. | Parameter: Mailing Address If 1, use EMP-STATE If 2, use PEM-SUPP-STATE For DEPENDENTS: Use EMD-STATE. If spaces, follow what is used for Employee. | |
| Subscriber Postal Zone or ZIP Code (Postal Code) | A 10 | Postal Code | Parameter: Mailing Address If 1, use EMP-ZIP If 2, use PEM-SUPP-ZIP For DEPENDENTS: Use EMD-ZIP. If spaces, follow what is used for Employee. | |
| Country Code | A 2 | Valid country code | Parameter: Mailing Address Only use if not = "US" If 1, use EMP-COUNTRY-CODE If 2, use PEM-SUPP-CNTRY-CD For DEPENDENTS: Use EMD-COUNTRY-CODE. If spaces, follow what is used for Employee. | |
| ~ | | Segment length = 34 | N4Minneapolis MN55457-1234US | |
| Health Coverage | A 2 | HD | Fixed = "HD" | |
| Maintenance Type Code | N 3 | "001" = Change "002" = Delete "021" = Addition "024" = Cancellation or Termination "030" = Audit or Compare | Tran Purpose = 1 (Update): If 1, then value here is based on BNT-TRAN-ACTION. • If FC = A, then "021" • If FC = C, then "001" • If FC = S, then "024" • If FC = D, then 002" | Tran Purpose = 2 (Validate): Fixed = "030" |
| Insurance Line Code | A 3 | "AG" = Preventative Care/Wellness "AH" = 24 Hour Care "AJ" = Medicare Risk "AK" = Mental Health "DCP" = Dental Capitation (for DMO) "DEN" = Dental "EPO" = Exclusive Provider Organization "FAC" = Facility "HE" = Hearing "HLT" = Health (both Hospital and Professional Care) "HMO" = Health Maintenance Organization "LTC" = Long Term Care "LTD" = Long Term Disability "MM" = Major Medical "MOD" = Mail Order Drug "PDG" = Prescription Drug "POS" = Point of Service "PPO" = Preferred Provider Organization | For Plan Type and Plan from PLAN, PLN-HIPAA-INS-CODE. | |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| | | “PRA” = Practitioners “STD” = Short Term Disability “UR” = Utilization Review “VIS” = Vision | |
| Plan Coverage Description | A 30 | Free form descriptive information | PLN-DESC for the Plan Type, Plan on the PLAN record. |
| Coverage Level Code | A 3 | “ECH” = Employee and Children “EMP” = Employee Only “ESP” = Employee and Spouse “FAM” = Family | Parameter: Include Coverage Options. If Y, then use Cov-Dependents and Nbr-Dependents from BNCOVOPT for the BEN-COV-OPTION (Employee) or PTB-COV-OPTION (COBRA or Retiree) for the subscriber. <ul style="list-style-type: none">• If Cov-Dependents = N, use “EMP”• If Cov-Dependents = S, use “ESP”• If Cov-Dep = D or B, and Nbr-Dependents = 1, use “E1D”• If Cov-Dep = D or B, and Nbr-Dependents = 2, use “E2D”• If Cov-Dep = D or B, and Nbr-Dependents = 3, use “E3D”• If Cov-Dep = D or B, and Nbr-Dependents > 3, use “FAM” If N, leave blank. If Coverage Option = 3, use “ECH” ***This element must be blank for dependents!!*** |
| ~ | | Segment length = 41 | HD021HLTStandard Indemnity Health Plan EMP |
| Health Coverage Dates | A 3 | DTP | Fixed = “DTP” |
| Date/Time Qualifier | N 3 | “303” = Maintenance Effective “348” = Benefit Begin “349” = Benefit End “543” = Cobra Last Premium Paid Date | Tran Purpose = 1 (Update): From BNTRANS get BNT-TRAN-ACTION: If FC = A, use “348” & 543 for Cobra Participant and DC Retiree If FC=C, use “303” & “348” & 543 for Cobra Participant and DC Retiree If FC = S or D, use “349” & “303” & “348” & 543 for Cobra Participant and DC Retiree Tran Purpose = 2 (Verify): Fixed = “348” & 543 for Cobra Participant and DC Retiree |
| Date/Time Period Format Qualifier | A 2 | “D8” = Format CCYYMMDD | Fixed = “D8” |
| Coverage Period (Date/Time Period) | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or Times. | Tran Purpose = 1 (Update): From BNTRANS get BNT-EFFECT-DATE (CCYYMMDD). Tran Purpose = 2 (Verify): Use the Start Date of the benefit record for all types. |
| ~ | | Segment length = 16 | DTP348D820020601 |
| Health Coverage Policy | A 3 | AMT | Parameter: Include Premium Amounts If Y, use “AMT” Else, leave blank. This segment will be generated only for Flexible Spending |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| | | | Accounts (vendor = FBMC). |
| Amount Qualifier Code | A 2 | "B9" = Co-Insurance – Actual "C1" = Co-Payment Amount "D2" = Deductible Amount "P3" = Premium Amount | Parameter: Include Premium Amounts If Y, use "P3" Else, leave blank. |
| Contract Amount (Monetary Amount) | N 13 | Amount | Parameter: Include Premium Amount If Y, use BEN-TOT-CONTRIB Else, leave blank (zeroes). |
| ~ | | Segment length = 18 | AMTP300000000186.38 |
| Identification Card | A 3 | IDC | Parameter: Identification Cards Requested If not = zero, use "IDC" Else, leave blank. This segment will not be generated for both 'Change' and 'Verify' options. |
| Plan Coverage Description | N 1 | (If not used, include a single zero) | Fixed = "0" |
| Identification Card Type Code | A 1 | "D" = Dental Insurance "H" = Health Insurance "P" = Prescription Drug Service | Parameter: Identification Cards Requested If not = zero, get Plan Type (Key3) from BNTRANS record. If HL, use "H" If DN, use "D" Else, leave blank |
| Identification Card Count | N 1 | Send a value only if greater than 1. | Parameter: Identification Cards Requested If > 1, use the value entered Else leave blank (zero). |
| ~ | | Segment length = 5 | IDCH2 |
| Provider Information | A 2 | LX | Parameter: Primary Care Provider. If Y, use "LX" If N, leave blank. SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options. |
| Assigned Number | N 2 | Automatically assigned number (incremental). | Parameter: Primary Care Provider. If Y, use = "01" |
| ~ | | Segment length = 4 | LX01 |
| Provider Name | A 3 | NM1 | Parameter: Primary Care Provider. If Y, use "NM1", and fill in segments that follow, Else leave blank. SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options. |
| Entity Identifier Code | A 2 | "3D" = Obstetrics and Gynecology Facility "OD" = Doctor of Optometry "P3" = Primary Care Provider "QA" = Pharmacy "QN" = Dentist "Y2" = Managed Care Organization | Parameter: Primary Care Provider. If Y, use "P3" Else leave blank |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| Entity Type Qualifier | N 1 | "1" = Person "2" = Non-Person Entity | Parameter: Primary Care Provider. If Y, get PEM-PRIMARY-CARE, for EE, EMD-PRIMARY-CARE for Dependents, From HRUTILITY: System = BN Release = 7 Rel Level = 2 Key1 = HR80F9 Key2 = PC Key3 = PEM-PRIMARY-CARE If positions 32-61 in HUT-DATA are not = spaces, use "1". Else, use "2" If no record found, or parameter = N, leave blank (zero). |
| Provider Last or Organization Name (Name Last or Organization Name) | A 30 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 32-61. If field type = "2", get positions 78-107. If field above is blank, or parameter = N, leave blank. |
| Provider First Name (Name First) | A 15 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 62-76. Else, leave blank. |
| Provider Middle Name (Name Middle) | A 1 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), If field above = "1", get positions 77. Else, leave blank. |
| Identification Code Qualifier | A 2 | "34" = Social Security Number "FI" = Federal Taxpayer's Identification Number "XX" = Health Care Financing Administration National Provider Identifier (required if mandated for use) | Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), Get position 31. If 1, then use "34" If 2, then use "FI" Else, leave blank |
| Provider Identifier (Identification Code) | A 30 | | Parameter: Primary Care Provider If Y, from HRUTILITY (record identified above), Get positions 1-30. |
| Entity Relationship Code | N 2 | "25" = Established Patient "26" = Not Established Patient "72" = Unknown | Parameter: Primary Care Provider If Y, then get record from HRUTILITY: System = BN Release = 7 Rel Level = 2 Key1 = HR11 Key2 = Company Key3 = Employee Get position 9 from HUT-DATA. If 1, use "26" If 2, use "25" Else, use "72". If Parameter = N, leave blank (zeroes). |
| ~ | | Segment length = 86 | NM1P32Fairview Clinic FI35- 2348763 25 |
| ***END OF REPEATING SEGMENTS*** | | | |
| Transaction Set Trailer | A 2 | SE | Fixed = "SE" |

ATTACHMENT D - FILE LAYOUTS

CSC 834 File Layout

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| Transaction Segment Count | N 10 | Total number of data segments, including ST and SE. | Cannot exceed 10,000. |
| Transaction Set Control Number | N 4 | Must match the control number used in the ST segment; used as a unique identifier? | Fixed = "0001" (Must match number in beginning segment.) |
| ~ | | Segment length = 16 | SE00000000530001 |